

Obispo County Medical Society for some time. According to the plans, it will be a very modern and well equipped institution.

The Oaks Sanitarium, Los Gatos, will shortly build an attractive Nurses' Home.

Upon the return from Europe of Dr. William Voorsanger, medical director, the sanitarium will erect a building to be used solely for the treatment of surgical tuberculosis.

St. Luke's Hospital, San Francisco. There is a medical news item of interest to all physicians in the monthly report of every hospital director to its board of governors. Of course, there are hospitals, or at least institutions that go by that name, who do not make any such reports, and news items about such would have very little or no value.

St. Luke's Hospital supplies the editor of CALIFORNIA AND WESTERN MEDICINE regularly with its monthly reports. They are well designed to give valuable information and are very much along the line that has the endorsement of medical organizations.

During the month of January, this hospital had 3977 patient days, or a total daily average of 128.2 patients. These were divided between those having absolutely free service; those paying part of the cost of their care to the hospital and those paying the regular fees for private patients.

The total earnings of the hospital for the month were \$31,440, and the expense \$33,192. It cost the hospital \$8.35 a day to render its service to the sick and the income from all sources was \$7.91 per day per patient. Some further idea of the magnitude of the hospital service is given from these figures:

Total meals served 38,733, at a cost of 20 cents a meal; 184,000 pieces of laundry were done at a cost of .004 cents a piece. There were 175 operations and no accidents or infections. The laboratory performed 2402 services and the radiological department nearly 700 services.

The director reports all records to be in splendid shape, all being indexed and filed and from 96 to 100 per cent of them complete in every detail. The resident staff of the hospital consists of one resident and six interns, and forty-three doctors of the visiting staff had patients in the institution during the past month.

A new central supply room has been introduced into the hospital, and the director reports that it is operating efficiently and with increased economy. Conditions governing the admission and care of free and part-pay patients, including those occupying endowed beds, is covered in a recent resolution of the board of directors of this hospital, reading as follows:

"(a) The patient is sent with the understanding that he will occupy a ward bed. If, in the judgment of the hospital, patient is suffering from a chronic condition and cannot be relieved by hospital treatment, such patient must be removed after reasonable time (presumably one month).

"(b) No free or part-pay patient may occupy a room or employ a private nurse without, first, consent of the medical director upon recommendation of the staff or social worker; second, with the understanding that room rates will be charged against the endowment and the patient, and that any excess over the income of fund must be met by the person placing the patient; third, that patients occupying rooms must arrange with the attending physician or surgeon for his services in case room treatment is not demanded by the character of the case or where ward treatment would suffice.

"(c) That the medical director notify the nominator or trustee when the income of the bed fund for which he is responsible has been expended in order that provision for subsequent payment may be made by such nominator or trustee."

William D. Haggard, president of the A. M. A., speaking on "teamwork for the health of the people," summed up:

"Neglect your business if you must; neglect your golf game if you can; your wife if you dare; but do not neglect your yearly health examination."

California Medical Association

EDWARD N. EWER, M. D., Oakland.....President
W. T. McARTHUR, M. D.....President-Elect
EMMA W. POPE, M. D., San Francisco.....
.....Secretary and Associate Editor for California

PRINCIPLES OF MEDICAL ETHICS OF THE CALIFORNIA MEDICAL ASSOCIATION

The subjoined Principles of Ethics with relation to Industrial Medical Practice were recommended by the Committee on Industrial Practice and passed by the council of the California Medical Association at its meeting of January 30, 1926, in pursuance of the ruling of the House of Delegates at its 1925 session. The council ordered them to be printed in CALIFORNIA AND WESTERN MEDICINE and transmitted to each county society. They were adopted in response to a demand for a uniform set of rulings under which action for unethical conduct may be brought in the various county units in compliance with their several constitutions; and in order that these principles be operative, it will be necessary for each county unit to consult the provisions of its constitution as to whether or not a formal adoption is required.

In submitting the principles for publication in the journal, as instructed by the council, we feel that a word of explanation should go with them.

Various committees have been appointed and functioned since the question of compensation laws has faced the society and those of its members who are called upon to care for the injured workmen.

The principles in their present form are the result of much study and thought. I might say they are the results of the efforts of the several committees working for the past two or three years. With the help of Mr. Peart they have been codified and have received the endorsement of the council and their publication ordered. They are not perfect, nor do they cover all possible contingencies. However, we think they do cover the fundamental ethical principles for which they are intended.

We earnestly ask the profession, whether interested in industrial practice or not, to give them their attention and their support so that they will be properly and practically applied to questions arising in the county and section units.

PHILIP STEPHENS, M. D.

Chairman Committee on Industrial Medical Practice, California Medical Association.

Applicable to Industrial Medical Practice (professional services rendered under terms of the Workmen's Compensation, Insurance and Safety Act).

Adopted by the House of Delegates at Yosemite, May, 1925, codified by the council, January 30, 1926.

(Industrial Medical Practice as herein defined shall, by reason of similarity of conditions, include group practice covering non-industrial injuries and health of employees.)

Principles of Medical Ethics particularly applicable to Industrial Medical Practice:

I

WHEREAS, The principles of medical ethics of the American Medical Association expressly provide that it is un-

professional for a physician to dispose of his services under conditions which make it impossible to render adequate services to his patient or which interfere with reasonable competition among the physicians of a community, and that this is detrimental to the public and the members of the profession, and lowers the dignity of the profession; and

WHEREAS, The California Medical Association did, on the sixth day of December, 1919, adopt a fee schedule for the performance of such services, which schedule is the lowest consistent with proper care and service to and the welfare and safety of the injured workman;

WHEREFORE, It shall be unprofessional for any member to accept employment in any professional capacity directly, as consultant, or otherwise, on a fee basis or by salary, or otherwise, from any layman or firm or corporation owned or controlled by laymen and engaged for profit in furnishing professional medical and surgical services in Industrial Medical Practice;

PROVIDED, That this rule shall have no application to any licensed insurance company in rendering medical and surgical services to employees of its own assured, or to any association of employees who contribute in whole or in part to secure such services for their own benefit, or to any self-insuring employer furnishing such services to the employees of such employer; PROVIDED FURTHER, HOWEVER, That such insurance company or association, or employer shall not furnish such services through any intervening layman or lay organization.

II

AND WHEREAS, Said American Medical Association has also announced as a fundamental principle that it is detrimental to the public good and degrading to the profession, and therefore unprofessional to give or receive a commission;

WHEREFORE, It shall be unprofessional for any member to dispose of his services in Industrial Medical Practice for any fee or compensation less than that prescribed by said fee schedule and such modifications thereof as shall from time to time be approved by this association;

PROVIDED, That if such employment is upon a salary basis, such salary taking all the conditions of employment into consideration, must be adequate, and the council of the member's county society shall be the final judge of the adequacy thereof;

AND WHEREFORE, For the same reasons it shall be unprofessional for any member of this association to share, divide, or pay over any portion of his compensation for such services directly or indirectly or in any manner to or with any person, firm, or corporation, or to rebate from fees received for his professional services at the rates prescribed by said schedule by money, services, or anything of value to any employee, employer, insurance carrier, broker, factor, or any person, firm, or corporation.

AND WHEREAS, The Principles of Medical Ethics of the American Medical Association provide that solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations is unprofessional; and that it is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and the tone of any profession and so are intolerable. Said principles also provide, however, that the publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

AND WHEREAS, Said Workman's Compensation Act and such group insurance practically deprives the individual patient of his free choice of physician unless at his own expense, and such medical and surgical service is arranged for in practice by insurance companies and employers by contract wholesale:

WHEREFORE, It shall be unprofessional for any member engaged in such practice to solicit employment by cir-

culars or advertisements, or personal communications, or interviews not warranted by personal relations or to procure patients by indirection through solicitors or agents of any kind;

PROVIDED, HOWEVER, That a member may in person, or by a Doctor of Medicine in his employ, or by letter, inform insurance companies, self-insuring employers and their representatives of his qualifications, experience, equipment, staff and offices qualifying him to handle such practice, such matter to be without self-laudation. The use of the member's name on automobiles or on service stations (except in reasonably sized letters for information) shall be unprofessional.

The use of first-aid notification cards shall be confined to insurance companies and employers. It shall be unprofessional for a member to permit his name to appear on any such card unless the card conforms to the following specifications:

All medical service cards shall be the property of the insurance carrier and/or the employer where displayed, and all expense of providing such medical service cards shall be borne by the insurance carrier and/or the employer; the name of the insurance carrier and/or employer shall appear in bold type at the top with no reading matter on the card with reference to the physician or surgeon, except his or her name, office location, hours, and telephone numbers; the card may contain necessary hospital and ambulance information; no member shall print, distribute, or use any card. All medical service order blanks shall have at the top of the card or order, "Medical Service Order of ——" (here inserting the name of the insurance carrier and/or employer). Order blanks shall always be printed so as to surely indicate that it is a medical service order from the insurance carrier and/or the employer and not the physician or surgeon himself.

IV

Advertisements of hospitals owned or controlled in whole or in part by a member engaged in such practice, or in which the member is interested as a stockholder, director or otherwise, shall be governed by the Principles of Ethics of The American Medical Association relating to advertising by an individual; and all other relations of the member to and with industrial medical practice not herein specifically dealt with shall be governed by the Principles of Ethics of The American Medical Association.

ANNUAL SESSION CALIFORNIA MEDICAL ASSOCIATION,

Oakland, April 26-May 1, 1926

The committee on arrangements are actively engaged in arranging for your entertainment at the annual meeting to be held in Oakland, April 26 to May 1, inclusive.

Special plans are also being made for the entertainment of the ladies. There will be luncheons, teas and cards at the various country clubs.

A detailed plan of the meeting will be printed in the next issue of the Journal.

Your attention is again called to the necessity for making your hotel reservations:

Rates of hotels in Oakland for the California State Medical Association, April 26 to May 1, 1926:

HOTEL—	SINGLE	DOUBLE	SINGLE	DOUBLE
		(With Bath)		(Without Bath)
Oakland ———	\$3.50 to \$7.00	\$5.00 to \$10.00	\$2.50	\$3.50 to \$4.50.
Coit ———	3.50	4.50		
		5.00 (Twin)		
Harrison ———	3.00	4.00	2.00	3.50
		4.50 (Twin)		
Key Rt. Inn ———	2.50	3.50	1.50	2.50
Menlo ———	2.50	3.00	1.50	2.50
Royal ———	2.50	3.00	1.50	2.00
St. Mark ———	2.50	3.50	2.00	2.50
San Pablo ———	2.50	3.00	1.50	2.00
Sutter ———	2.00	3.00	1.50	2.50
Touraine ———	2.50	3.00		
		4.00 (Twin)		

The Hotel Oakland has been selected as head-

quarters for the meeting. Please make your reservations with the Hotel Reservation Committee, care of Hotel Oakland.

Space for exhibits is available to advertisers in CALIFORNIA AND WESTERN MEDICINE, and information regarding floor plan and rates may be obtained from the Hotel Oakland.

CLARENCE A. DEPUY, M. D.,
Chairman of Arrangements Committee.

ONE HUNDRED AND FIFTY-EIGHTH MEETING OF THE COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION.

Held in the English Room of the Palace Hotel, San Francisco, California, Saturday, January 30, 1926, at 10:15 a. m.

Present—Doctors Parkinson, Ewer, McArthur, Catton, Kinney, Kiger, DeLappe, Beattie, Smith, Peers, Kress, Shoemaker, Gibbons, Pope, and General Counsel Peart.

Absent—Doctors Coffey, McLeod, Bine, and Curtiss.

Invited—Doctor Musgrave.

Minutes of the Council—On motion of McArthur, seconded by Gibbons, it was

RESOLVED, That the minutes of the one hundred and fifty-seventh meeting of the council, as mailed to each member thereof, be approved.

Minutes of the Eighty-sixth Meeting of the Executive Committee—The secretary read the minutes of the eighty-sixth meeting of the executive committee, which were approved as read.

Minutes of the Eighty-seventh Meeting of the Executive Committee—The secretary read the minutes of the eighty-seventh meeting of the executive committee, which were approved as read.

Minutes of the Eighty-eighth Meeting of the Executive Committee—The secretary read the minutes of the eighty-eighth meeting of the executive committee.

Doctor Kress stated that he was convinced that the ruling of the executive committee on the term "residence" did not have a sound foundation and the matter should be reconsidered. It was the sense of the council that the minutes of the eighty-eighth meeting should lay over until the afternoon session to permit of further consideration of the question of membership in adjoining county societies.

Changes in Journal—Doctor Musgrave presented facts regarding the publication of papers presented at the annual meeting. Letters of approval and condemnation of the policies of the journal were presented and the various steps in editing explained. Doctor Kress called attention to the tremendous amount of work involved in the editing of a first-class medical journal.

Action by the council: On motion of Kress, seconded by McArthur, it was

RESOLVED, That the report of the editor be referred to a special committee to examine the report submitted by the editor. Also that the report be printed in full by the editor for the convenience of members and the best interest of the journal. Furthermore, that a two-page digest be made for the annual state directory (same to be printed on two opposite pages).

On motion of Catton, seconded by Smith, it was

RESOLVED, That the council give a vote of appreciation and confidence to the editor and in addition vote him assurance that we are at all times only attempting to promote what is a representative journal.

The chair appointed Doctors Kress, McArthur, and Peers, a special committee of three and suggested that Doctor Catton, member of the program committee, be also requested to attend the session of the committee.

The editor explained the desirability of having the journal stitched instead of stapled and suggested that the number containing the annual program should be stitched. This matter was referred to the executive committee for consideration.

Industrial Medical Practice—The report of Philip Stephens, general chairman of the Industrial Medical

Practice committee, was read by the secretary. It was the sense of the council that the report be received and placed on file and that it be read at the open meeting of the council at 8 p. m.

Clinical Prize Committee—The chairman reported on the present status of the committee. Upon the resignation of Doctor Walter C. Alvarez, chairman of the committee, Dudley Fulton was offered the chairmanship and George Dock, of Pasadena, offered a position on the committee. Dudley Fulton suggested that George Dock be made chairman. No reply has been received from Doctor Dock. The name of James F. Percy, of Los Angeles, was suggested as a committeeman.

History of the California Medical Association—The report of Emmet Rixford, chairman of the committee on the history of the California Medical Association, was read by the secretary. It was the sense of the council that the report should be received and placed on file.

Medical Officers' Reserve Corps—The report of J. Wilson Shiels, chairman of the Medical Officers' Reserve Corps committee, was read by the secretary. The editor pointed out the fact that California Medical Officers' Reserve Corps was receiving more publicity than any other reserve corps in the United States, but was still the lagging state.

Physicians Income Tax Reduction—No action taken.

Delegates to the A. M. A.—The secretary read excerpts from letter of Olin West, secretary of the American Medical Association, to Victor C. Vecki, regarding delegates to the A. M. A. at Dallas, and stated that two new members should be elected for 1927 at the house of delegates meeting.

Adjournment—The council adjourned to meet in the same room at 2 p. m.

Held in the English Room of the Palace Hotel, San Francisco, California, Saturday, January 30, 1926, at 2 p. m.

Present—Doctors Parkinson, Ewer, McArthur, Catton, Kinney, Kiger, DeLappe, Smith, Coffey, Peers, Kress, Shoemaker, Gibbons, Pope, and General Counsel Peart.

Absent—Curtiss, Bine, McLeod, and Beattie.

Communication from John L. Beard—Letter from Doctor John L. Beard, of Martinez, disapproving the amount of dues and the activities of the association and reply to Doctor Beard were read by the secretary. No action taken.

Affiliate Members—The approval of the council was asked of affiliate members presented through the San Diego County Medical Society.

Action by the council: On motion of Kinney, seconded by Smith, it was

RESOLVED, That the affiliate membership of Robert F. Rooney, Auburn; P. C. Remondino, San Diego; P. James Parker, Elsinore; Fred Baker, Point Loma; Charlotte LeB. Johnson, Point Loma, and Thomas Magee, San Diego, be authorized.

Permanent Convention Headquarters—Harlan Shoemaker, chairman of the committee on permanent convention headquarters, stated that he had no report to submit at this time, but requested that the committee be continued.

Laymen as Directors of Public Health Departments—The secretary read a letter from the Chicago Medical Society asking for action on the following resolution:

WHEREAS, The American Public Health Association, at its annual meeting in St. Louis, in October, 1925, listened to an address by one of its members, favoring a new doctor in each community where a health officer is needed, to be known as a Doctor of Public Health, and

WHEREAS, Several institutions of learning have introduced courses in public health whereby a layman, as well as a physician, may be instructed and in a comparatively short time qualify as a Doctor of Public Health (D.P.H.), and be allowed to advise, qualify and practice preventive medicine, and

WHEREAS, In all probability a bill to license a so-called D. P. H. will be introduced into the next session of the state legislature of Illinois, and

WHEREAS, The Chicago Medical Society believes that all health officials should be first physicians (M. D.), who have the proper knowledge of the sciences concerned in

public health, and that such knowledge cannot be gained by any layman in two or three years, and

WHEREAS, Such an arrangement of a layman being a health official, places a double expense on the community, since it is necessary for the community to then procure the service of an M. D., in addition to a layman, and

WHEREAS, The state confers on an M. D. the right to practice medicine and surgery in all its branches, while the special licensing of a D. P. H. would be special legislation tending to take from an M. D. that right; therefore be it

RESOLVED, That the Chicago Medical Society believes all positions of trust pertaining to public health in any community should be held by physicians (M. D.), and not by laymen holding D. P. H. licenses, and be it further

RESOLVED, That the Chicago Medical Society views with displeasure any move on the part of the American Public Health Association, which may express a desire to replace physicians as health officials by laymen with D. P. H. licenses, and be it further

RESOLVED, That a copy of this resolution be sent to the American Public Health Association; to all those institutions of learning where courses in public health are given with a view of conferring a D. P. H. degree; and to every state medical society with a request that their component county societies be made acquainted with the proposed activities of a public health association, whose president is a layman.

Action by the council: On motion of Shoemaker, seconded by Gibbons, it was

RESOLVED, That the council of the California Medical Association heartily endorse the action of the Chicago Medical Society, and be it further

RESOLVED, That copy of the resolution of the Chicago Medical Society, together with copy of the endorsement of this council be forwarded to all county units.

Amendments to Constitution of California Medical Social Workers—Mr. Celestine J. Sullivan reported that there had been no new developments in the activities of the Medical Social Workers, and pointed out the broad field that was covered by this term. The secretary read the proposed amendment to the constitution of California Medical Social Workers which provided for a raise in standard by calling for two years actual social work.

Action by the council: On motion of Kress, seconded by Catton, it was

RESOLVED, That the matter be referred to the executive committee with the recommendation that as the proposed amendment appears to raise the standards of social workers, it should be endorsed. Further, that the whole matter of Medical Social Workers be referred to the house of delegates. Also that the chairman prepare memorandum to be sent out prior to the council meeting in Oakland, on the subject to familiarize the council members with existing conditions.

Gift of Doctor Musgrave—The gift of Doctor Musgrave of 200 shares, fully paid up, of Better Health stock, to the California Medical Association was presented. The question of the responsibility of the association in accepting the gift, both financially and from the standpoint of policy, was discussed. General Counsel Peart explained the liabilities of the association briefly from the legal standpoint. A general discussion was had.

Action by the council: On motion of Kress, seconded by Ewer, it was

RESOLVED, That the gift of Doctor Musgrave be accepted.

The chairman ordered a rollcall. Doctors Ewer, McArthur, Catton, Kinney, DeLappe, Smith, Coffey, Peers, Kress, and Gibbons voted in favor of acceptance; and Harlan Shoemaker voted not to accept, stating that while he thoroughly endorsed the great work already accomplished and now being performed by the publication, that he believed that the organization should be kept separate.

On motion of Smith, seconded by McArthur, it was

RESOLVED, That this council express to Doctor Musgrave its deep appreciation of this very generous gift to the California Medical Association, a gift which exceeds in cash value anything that has heretofore ever been given to the California Medical Association and for which Doctor Musgrave paid \$20,000 in cash.

Amendment to By-Laws—Doctor Kress of the special committee appointed by the chair to investigate the

ruling of the executive committee on residence in adjoining county societies presented a proposed amendment to chapter 7, section 8, of the by-laws, to read as follows, and to be substituted for the present section thereon:

CHAPTER 7, SECTION 8

"A physician who states he has his major office for professional practice in one county, even though his legal home or residence may be in some other county, may have the option of joining or maintaining his membership in the county medical society of the county in which he has his major office for professional work, or in the county medical society in which county he has his legal home or residence."

It was the sense of the council that the proposed amendment to chapter 7, section 8, be included in the report of the council and go before the house of delegates.

Minutes of the Eighty-eighth Meeting of the Executive Committee—Minutes of the eighty-eighth meeting of the executive committee were approved as amended.

Model Constitution and By-Laws for State Societies—The question of model constitutions and by-laws for state societies was passed without action.

Amendments to By-Laws—Doctor Kress called attention to the fact that when the executive committee of the society was first formed, the attorney of the society, against his wishes, was placed thereon. Inasmuch as the presence of a non-member had given rise to criticism, Doctor Kress proposed an amendment to eliminate the general counsel as an active member of the committee. The general counsel, Mr. Peart, was most happy to have this done.

Doctor Kress' proposed amendment provided that chapter 5, section 15, be amended so that the general counsel would not be a member of the executive committee, by the elimination of the words "general attorney" and the addition of the words "the executive committee" in chapter 5, section 13, after the word "council" in line seven of said section. It was decided that the amendment should be submitted to the house of delegates.

Changes in Journal—Doctor George H. Kress, chairman of the special committee appointed by the chair to examine the data furnished by the editor, advised that the committee was in accord with the spirit and language of the report and would suggest only some minor changes in words and phrases in the body of the report. The committee recommended also that there be attached to Editor Musgrave's report the action of the council taken at the one hundred and fifty-seventh meeting on papers read at an annual meeting. To relieve the editor of some of the preliminary reading of all papers, an additional paragraph was suggested by the committee. The whole would then read as follows:

GENERAL INFORMATION

CALIFORNIA AND WESTERN MEDICINE is owned by the California Medical Association, and every member has an equal interest in that ownership. Therefore, each member has equal responsibility in its welfare and equal call upon its space and service.

The magazine aims to be, as far as it is humanly possible to make it so, the official voice of a great medical organization; the representative spokesman of other medical and health organizations with which it has agreements and the proponents of medical and health progress everywhere.

CALIFORNIA AND WESTERN MEDICINE is managed and conducted by elected and appointed representatives of the owners. It is published under an approved policy of sustained efforts at progress and healthy growth. From a financial point of view it is a very valuable property and it is becoming increasingly so constantly.

CALIFORNIA AND WESTERN MEDICINE is an independent exponent of medical and health progress. It makes no entangling alliances. It promotes the interests of worthwhile agencies of health progress; ignores, criticizes, or condemns, the useless, spurious, badly managed and unwholesome without fear or favor.

INFORMATION FOR CONTRIBUTORS

The contributors' columns of CALIFORNIA AND WESTERN MEDICINE, whether for essay, correspondence or what-not, are open upon precisely equal terms to all members of the California Medical Association and of the other

medical and health organizations with which it is affiliated, and to others under conditions agreed to by the editor and approved by the advisory publication committee of the California Medical Association.

Note—With the approval of the council the editor consults with and refers manuscripts to various members of the association for their advice, suggestion and opinion before accepting same for publication. This group is referred to herein as the advisory publication committee and its members as editorial advisors and the personnel is not fixed but includes different men from time to time, whose services are requested in this connection by the editor. The identity of these men is kept strictly confidential by the editor.

In accepting or declining contributions, the editor and editorial councilors are influenced by a variety of considerations, the most important of which are:

The Eligibility of the Author—Eligibles are members of the California Medical Association; members of other affiliated or accredited medical or health organizations, or invited contributors.

Subject Matter—Any is acceptable upon any phase of the broad subject of health betterment which, by reasonable interpretation, is adjudged useful to all personal health physicians. Thus, contributions upon specialties that contain matter of value to all physicians regardless of limitations in practice are acceptable, but those by specialists for specialists should be offered to appropriate special magazines.

Scientific Merit—Contributors must contribute information of value to medicine. This may be new knowledge; a worthy and timely restatement of existing knowledge; a recitation of personal experiences; helpful criticism; exposition of theories as such, or any other form of message useful to the educated physician.

Literary Merit—To be acceptable, contributions must conform to reasonable literary decencies. The subject must be adhered to and its message clearly, connectedly and succinctly expressed in acceptable English. Every sentence must be at least a complete one. Essential alterations, corrections, abridgments and modifications are the recognized inherent and unavoidable duty and responsibility of the editor.

Public Policy—CALIFORNIA AND WESTERN MEDICINE aims to promote the cause of medicine and health, the interests of contributors and readers and to sustain its own prestige as a progressive magazine. All of these interests are served by contributions that promote any one of them. *Thus the interests of author and editor are identical.* The occasional author who resents having his contribution edited or declined should appreciate this fact and also that medical writing is as much a specialty as medical action. The only *permanent* record of value that a physician may leave to posterity is his published contributions. Surely these should be of his best. Even during his active life it is only by his published contributions that he may extend his influence beyond a few personal acquaintances, students and patients. That influence deserves to be safeguarded by making every published sentence as good as the author can make it. To do this, again makes the interests of editor and author one and inseparable.

Brief Contributions are easier fit into the "mechanics" of a magazine and, therefore, other conditions being equal, have a better chance of early publication. CALIFORNIA AND WESTERN MEDICINE prefers copy of from 1000 to 3000 words, and cannot use, except for extraordinary reasons, contributions of more than 4000 words.

Responsibility for accepting or declining contributions is an unavoidable duty of the editor. Evaluation of contributions, for purposes of publication, as in the case with all good magazines, is made by editorial advisors, but the editor publicly assumes responsibility for their finding. Thus the proverbial editor.

The Date of Publication of accepted material is perforce governed by many factors, a few of which are: The date of acceptance, the length of the paper, the amount of editorial work required, the subject matter, available space, condition and amount of the total reserve accepted copy on hand, as well as the balance as between subjects in the reserve. Every issue must contain a varied intellectual diet, and this cannot be left to accident

in the constant in-pouring of copy. Certain official matters about medical organizations, addresses by officers, invited guests, chairmen of sections, offerings of new discoveries, discourses on subjects of "seasonal" value, and similar matter may receive "advanced" publication.

Every worth-while magazine must have on hand at least six months' reserve of accepted copy. This amount should not be materially exceeded, except, perhaps, for a few months after a large medical meeting, when this reserve obviously will be much larger.

Reading Audience—It is well for authors to bear in mind, as the editor is required to do, that CALIFORNIA AND WESTERN MEDICINE is a general medical magazine. Probably more than 75 per cent of its physician readers are in general practice, and the other 25 per cent are divided between more than twenty specialties. Specialists, in preparing their articles for publication, should bear this fact in mind, and submit to CALIFORNIA AND WESTERN MEDICINE copy dealing with those phases of their specialty that ought to be interesting to the majority of physicians. The more limited and more highly technical articles, written primarily for an audience made up of specialists, should be submitted to special journals and not to CALIFORNIA AND WESTERN MEDICINE. It is extremely important for all authors to remember that our magazine is extensively read by technicians and workers in various fields of health and by some thousands of non-medical readers, including some who are constantly looking for something that may be quoted in anti-scientific propaganda.

Delayed Publication—Trouble, expense, correspondence and delay in publication can be limited by submitting *one original, clean, double-spaced typewritten copy on standard letter size paper, and one carbon.* At the same time, authors will facilitate the handling of their copy if they will submit the names and addresses of physicians whom they desire to have discuss their papers. If no discussion is desired, a note to that effect should be made.

No more certain cause of delay in publication can be invented than for an author to criticize his colleagues in his scientific discussion. This also may be the determining point in declining a contribution. Those who wish to offer criticism of the profession as a whole, or any section of it, should make it in letters to the editor.

Exclusive Publication—CALIFORNIA AND WESTERN MEDICINE will not publish knowingly a paper that has been accepted for publication elsewhere. We do occasionally publish papers declined by other publications, provided that, in the opinion of the editorial advisors, they are suitable for our magazine.

The paper that secured the widest and most favorable comment of our last year's issues was revised twice by the editors and three times by the author, and in these processes was reduced from some 8000 words to about 3000. Incidentally, the author severely criticized the editor twice during the months of the refining process, but he wrote a compensating letter of apology after reading the fine reviews in both the medical and public press that his article secured. The moral is, that an author should no more risk his scientific and cultural standing by offering sloppy, unedited copy for publication that he would risk his social standing by attending a formal party dressed in overalls. Members of the editor's advisory committee like to examine clean, double-spaced, original typewritten copy. One of them has said he believed a medical essayist who would send in a smeary, much-interlined carbon copy of his article would operate with dirty fingernails. Perhaps he was joking, but it is well for would-be authors to remember that the only *permanent* background a doctor can create is through his written and published word. This should represent the best that is in him.

From Author to Printer—The steps through which copy submitted to CALIFORNIA AND WESTERN MEDICINE go, are:

- (a) A prompt acknowledgment of communication.
- (b) A cursory examination of the paper by the editor with a view to determining the eligibility of the author and the general trend of his discourse.
- (c) Reference to an editorial advisor for an opinion.
- (d) If the advisor recommends publication, the paper is carefully examined by the editor and if his opinion

agrees with that of the advisor, an offer of acceptance, under stipulated conditions governed by the state of reserve supply of accepted copy, is made.

(e) If the editorial advisor reports unfavorably on the contribution, it is then sent to another advisor. If his opinion agrees with the first one, the article is declined. If they disagree, as sometimes happens, the paper is then referred to a third advisor, and the majority opinion forms the basis of the editor's study and action.

(f) Articles that deal intemperately with questions of medical organizational policy may be referred to the executive committee, and the action of that committee is final.

(g) All correspondence between the editor and the editorial advisors is protected by editorial ethics governing confidences which are regarded as inviolable as are the confidences between doctor and patient.

(h) Once a paper is accepted, the real work of the editor begins.

Practically all additional information about the preparation, acceptance and publication of scientific articles is so successfully provided in "The Art and Practice of Medical Writing," by George Simmons and Morris Fishbein, that this little book (published by the American Medical Association) is adopted as its *vade mecum* by CALIFORNIA AND WESTERN MEDICINE. Its precepts will be followed except in points modified by action of the California Medical Association to meet our requirements.

Authors who study and apply the principles put forth in this little book will rarely have their contributions declined by any medical editor except for lack of space.

As to papers read before an annual meeting, the foregoing is subject to the following special provisions:

RESOLVED, That no paper shall be read by any member of the association at any annual meeting until same has been submitted and approved by the program committee, and the program committee is authorized, if it so desires, in determining whether any paper shall be worthy of presentation, to secure the opinion of any member or members of the association; and be it further

RESOLVED, That all papers read at the annual meeting be published in full in CALIFORNIA AND WESTERN MEDICINE as soon after the meeting as space will permit; or at the option of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting with reprints in full of the entire paper, captioned: "Read before _____ annual meeting of the California Medical Association, (date)" (the cost of setting up type for the reprints to be borne by the association, and all other costs to be borne by the author). All such papers shall always be subject to editorial revision in the usual manner; and be it further

RESOLVED, That all papers so read at an annual meeting in any section must receive the recommendation of the section chairman and section secretary for publication; and the papers so recommended shall then be sent to the general program committee for its sanction or non-sanction of publication.

The committee further recommended that chapter 6 of the by-laws be amended as follows: Add to chapter 6 of the by-laws, after the words "four years" the following proposed amendment:

"The editor of the state journal shall be ex-officio a member of the general program committee."

Action by the council: On motion of DeLappe, seconded by Kiger, it was

RESOLVED, That the report of the special committee be adopted.

The question of to what extent the editor shall submit editorial matter to the executive committee or the general counsel of the association was discussed.

California State Dietetic Association—President Ewer advised that the California Dietetic Association was desirous of attending a session of the California Medical Association convention.

It was the sense of the council that an invitation be extended the association by the secretary through Helen B. Anderson, president of the association.

Effect of Excessive Fees Upon the Lay Public—The case of excessive fees charged by physicians was brought to the attention of the council and it was decided that the profession should know that such procedure was against the policy of the association and that the matter be submitted before the house of delegates.

Resignation of Rene Bine—Letter from Doctor Rene Bine submitting his resignation as councilor-at-large was read. The fact that Doctor Bine had been co-operating with the secretary's office and assuming various duties as councilor was brought out.

Action by the council: On motion of Ewer, seconded by Gibbons, it was

RESOLVED, That the council having heard the communication of Doctor Bine, councilor-at-large, hereby request him to withdraw his resignation.

Councilor for Third District—The secretary read a communication from Doctor Garth Parker expressing regret of his inability to accept the position as councilor of the third district.

The council appointed Doctor W. H. Bingaman, Salinas, to fill the unexpired term of Doctor Edwards.

State Automobile Circular—The question of enclosing circulars of the State Automobile Association with letter sent to members of the medical society was discussed. It was pointed out that the action might be construed as soliciting insurance for a particular company and would probably result in criticism. Matter dropped.

Credentials Committee—Doctor Kress suggested that a new section be added to chapter 3, providing for the appointment of a credentials committee.

CHAPTER 3, SECTION 9

"The chairman of the council, or the speaker of the house prior to each annual session, shall appoint a credentials committee consisting of two members of the house of delegates and the society secretary ex-officio. The function of this committee shall be to register and to pass on the credentials of all members of the house of delegates, and submit to the house of delegates a written report or reports giving the names of all members eligible thereto. Provided, however, that the members seated by the committee, shall have the right through a two-thirds vote, to amend the report or reports of the credentials committee."

Amendment to Constitution and By-Laws—The advisability of having the same procedure as the A. M. A. has for chairman of the house of delegates known as the speaker was discussed. The proposed amendment in regard to a speaker and vice-speaker of the house, would read as follows:

Amend constitution, article 6, section 1, by inserting after the word "vice-president," the following: "a speaker and a vice-speaker of the house of delegates."

Amend article 6, section 3, by adding thereto the following: "The speaker and the vice-speaker who may or may not be members of the house of delegates shall be elected for the term of one year commencing on the adjournment of the annual meeting at which elected."

Amend article 7, to make the first sentence thereof read as follows: "The council shall consist of the elected councilors and ex-officio the president, the president-elect, the vice-president, the speaker, and the vice-speaker of the house of delegates."

Amend the by-laws as follows: Re-number sections 3 and 4 as sections 4 and 5, adding a new section after section 2 to be numbered section 3, reading as follows: "The speaker shall preside at the meetings of the house of delegates and shall perform such duties as custom and parliamentary usage require. He shall have the right to vote only when his vote shall be the deciding vote. The vice-speaker shall officiate for the speaker in the latter's absence or at his request. In case of the death, resignation, or removal of the speaker, the vice-speaker shall officiate during the unexpired term."

It was the sense of the council that the matter be presented at the house of delegates as part of the report of the council.

Invited Guests to C. M. A.—The secretary reported on the guests invited to hold clinics at the annual meeting.

Medical Society of the State of California—On motion of Smith, seconded by DeLappe, it was

RESOLVED, That secretaries of county societies be requested whenever possible to point out to members the heavy expense sometimes entailed upon them by failure to carry optional defense.

Adjournment—There being no further business the council adjourned to meet in the same place at 8 p. m.

Open Meeting of the Council of the California Medical Association

Held in the English Room of the Palace Hotel, San Francisco, California, Saturday, January 30, 1926, at 8 p. m.

Present—Doctors Parkinson, McArthur, Catton, Kinney, Kiger, DeLappe, Smith, Shoemaker, Gibbons, Pope, and General Counsel Peart.

Absent—Doctors Ewer, Beattie, Coffey, McLeod, Peers, Bine, Kress, Curtiss.

Invited—Doctors Stephens, Winterberg, Van Geldern, Cleary, Adams, Kimberlin, Rixford, and Taylor of the Industrial Medical Practice committee; and Doctors Mahoney and Righetti.

Industrial Medical Practice—The secretary read the report of Philip Stephens, chairman of the Industrial Medical Practice committee. Doctor Righetti discussed the present status of industrial medicine. General Counsel Peart suggested that the Principles of Medical Ethics, rule 1, should be amended so that the last phrase reads: "or employer shall not furnish such service through any intervening *layman or lay* organization," and the second paragraph of rule 3 should include the words: "unless at his own expense" after the word "physician." The question of adoption of the rules with amendments as submitted was presented.

Action by the council: On motion of DeLappe, seconded by Gibbons, it was

RESOLVED, That the rules on the Principles of Medical Ethics, as amended, be adopted.

The question of distribution was brought up and discussed.

Action by the council: On motion of DeLappe, seconded by McArthur, it was

RESOLVED, That the secretary be instructed to have these rules published in the journal of the association; the type held and reprints made from same in such quantity as seems sufficient. Reprints to be distributed to all component county units.

Death of Doctor Edwards—The chair appointed Doctors Ewer, Beattie, and McArthur a committee of three to draft resolutions on the death of Doctor Thomas Clay Edwards.

Adjournment—There being no further business, the meeting adjourned.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The regular monthly meeting of the Alameda County Medical Association was called to order by the president, J. K. Hamilton, in the Ethel Moore Memorial Building, January 18, 1926, at 8:15 p. m. The meeting was devoted to military and medico-legal subjects with the following program: "Medical Officers Reserve Corps," by Edward L. Munson, Colonel, Medical Corps, U. S. Army (by invitation); "Origin of Medical Defense," by E. N. Ewer; "Malpractice Suits from a Legal Man's Standpoint," by Hartley F. Peart, Counsel (by invitation); "Malpractice Suits from a Medical Man's Standpoint," by S. H. Buteau. Discussion opened by O. D. Hamlin, H. G. Thomas and E. A. Majors.

At the conclusion of the program the usual business was transacted and the meeting adjourned, after which light refreshments were served.

CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by S. N. Weil, secretary)—The first meeting of the Contra Costa County Medical Society of this year was held January 30 in the office of Dr. U. S. Abbott in Richmond.

Charles Dukes of Oakland entertained the Society by relating his travels in Europe, illustrating by miniature moving pictures. He spoke of his visit with Dr. Gye of London, who is doing great work in the research of cancer. He was enthusiastically received and his splendid presentation was appreciated by all.

J. W. Bumgarner of Richmond was admitted to the society.

J. M. McCullough, president of the society, was chosen delegate for the State Convention of 1926.

M. Denniger-Keser was chosen as alternate delegate.

Those present were: U. S. Abbott, G. W. Bumgarner,

J. Beard, H. L. Carpenter, D. Keser, L. H. Frazer, E. R. Guinan, C. Cross, L. St. Hely, F. L. Horne, J. M. McCullough, R. Powell, W. A. Rowell, H. Vestal, S. N. Weil; Miss A. Driscoll, R. N.; Mrs. Moore, R. N.; Mrs. Rejman, R. N.

HUMBOLDT COUNTY

Humboldt County Medical Society (reported by Lawrence A. Wing, secretary)—The Humboldt County Medical Society met at the Eureka Inn, January 28, for dinner and the annual election of officers. *There were twenty-one members out of a possible twenty-six present*, the largest attendance of any previous meeting of the society.

The newly elected officers are as follows: President, Charles Caskey; vice-president, Harry Jenkins; treasurer, Mabel A. Geddes; secretary, L. A. Wing; delegate, W. J. Quinn; alternate, J. N. Chain.

The following were elected as new members: Harry Jenkins, Eureka; O. B. Barron, Ferndale; Allan Watson, Eureka; G. F. Norman, Eureka, and H. W. Comfort, Rio Del.

The paper of the evening on Obstetrics was presented by W. J. Quinn and was discussed by C. O. Falk, J. N. Chain, J. F. Walsh—in fact nearly every member present took part in the discussion. At our next meeting, February 23, J. F. Walsh will present a paper on some phase of surgery.

SACRAMENTO COUNTY

Sacramento County Society for Medical Improvement (reported by Bert L. Thomas, secretary)—Despite the added attraction of a one-night stand of Sousa's Band and the height of an influenzal epidemic, our January meeting, held in the Gold Room of the Sacramento Hotel on the evening of the tenth, was attended by forty-seven members and one guest. C. E. Schoff, our new president, was presented with a beautiful bouquet of pink carnations by Fred Graser.

Case Reports—Brendel presented a patient who, sixteen months ago, suffered a complete paralysis due to pressure on the cord. The pressure was relieved at operation, and a spinal graft was done. The patient returned to his ordinary work after nine months. Tonight he was shown to demonstrate the return of practically complete mobility.

Gundrum reported a case of a woman of 35 who had had five previous normal, uneventful pregnancies. During this, her sixth pregnancy, headache, edema and nausea all presented just at the start of labor. Six hours post-partum, a comparatively typical eclamptic convulsion occurred with, however, a temperature of 103. An immediate laboratory investigation demonstrated short-chain streptococci in the urine, as well as identical ones from a tonsil culture. Further investigation revealed that three weeks before, three of her children had had severe sore throats. The case was reported to stress the importance of eliminating any additional toxic factor during a pregnancy.

Drysdale reported a fulminating influenzal infection which, in addition to painting the usual influenzal picture, in rapid succession gave a pyelitis, an osteomyelitis and a terminal pericarditis.

Harris reported a case of Köhlers disease. This is an os navicular pedis retardatum occurring in boys between the ages of 5 and 8. It starts with soreness about the ankle and tenderness found over the tarsal scaphoid. By x-ray the scaphoid is shown disc-like and dense, and is narrowed in its lateral diameter. Radiograms of the condition were presented. With no known etiology, the disease has to be differentiated from tuberculosis, syphilis and osteomyelitis. The treatment is absolute rest in a cast, which gives an uninterrupted and uneventful recovery.

Paper of the Evening—"The Treatment of Syphilis," by C. E. Schoff. After a general survey of the disease, the question was raised as to why so many cases of syphilis go on to no cure. The reason for this must be either insufficient or inefficient treatment. Too much confidence is placed in the blood Wassermann reaction. This extends to those being treated, so much so that the patient becomes "intelligently ignorant." A definite case entity was presented to demonstrate this common mistake. A patient was seen with a positive dark field and a negative Wassermann.

Eight neo-salvarsans were administered, followed by intra-muscular mercury. Two weeks later the Wassermann was still negative. After three months' rest from all treatment, the patient returned, his Wassermann was found negative and the doctor assured him that he was cured. Four years later this man returned with a typical tabes. This doctor, a good man, fell into the fairly common error of depending on the blood Wassermann—he banked all on unreliable information. In connection with this sort of thing, Fordyce suggests that the error is always likely to be on the negative side rather than on the positive side. He goes further and says that the word "cure" should be entirely eliminated when speaking of this disease.

Schoff, throughout his paper, stresses the importance of intensive treatment, i. e., the use of available drugs up to the patient's capacity to accept them. We must not only get a negative blood Wassermann and a negative spinal test, but negative general physical findings over periods of years.

As to a choice of drugs, we have many to choose from. Of the arsenicals, the relative merits of arsphenamine, neo-arsphenamine, sulph-arsphenamine, silvo-salvarsan and neo-salvarsan were discussed. An excellent summarization of the value of sulph-arsphenamine (which has in its favor the highest percentage of arsenical penetration of any drug now at our command), was presented by reviewing its use at the Sacramento Municipal Clinic. In addition to its general therapeutic value, it is interesting to note that, in over 3000 injections, there were no skin reactions recorded. Schoff also reviewed the work of Stokes in regard to the intra-muscular use of sulph-arsphenamine.

Trypsarsamid has no place in primary and early secondary lues. Its chief value is due to its penetration of nerve tissues, therefore its use should be confined to late lues.

Schoff ranks arsenic first, bismuth second and mercury third, as to their spirochaetocidal action. The use of bismuth is not new, as it had been used locally since the seventeenth century. Its cicatrizing effect is rapid. Since 1920 a great deal of work has been done by the French in the use of bismuth. Some go as far as to state that the early use of their preparations in sufficient quantities will effect a cure. Further, at any stage, all lesions are rapidly affected; as well as the blood Wassermann reaction. Its use in those cases resisting arsenic and mercury is particularly gratifying. Series of cases, Wassermann fast to previous drugs, were shown in round numbers, a 33 per cent complete reduction, and 25 per cent partial reduction after the intensive use of various bismuth preparations. The more soluble forms are readily absorbed, therefore a close watch must be kept on the kidneys, mouth and bowels. At present, its intravenous use is taboo. Of course, there is some question as to the permanency of its effect, as its use is comparatively new. A brief discussion of non-specific therapy was introduced. During the course of his paper, Schoff presented a series of slides, showing the relative absorptibility of bismuth products.

The paper was briefly discussed by Reardan.

Applications for Membership—The applications of Frank P. Topping and James A. Warburton were read. After the second routine readings of Frank Warne Lee and Clarendon A. Foster, a vote was taken. Lee was unanimously elected to membership.

Report of the Board of Directors included the announcement that C. E. Schoff had been elected president and Nathan G. Hale had been elected vice-president for 1926. The Program Committee is to consist of Hale, chairman; Dunlap, and Drysdale. The Banquet Committee is as follows: Drysdale, chairman; G. J. Hall, W. W. Cress, E. W. Beach and E. S. Babcock. The Committee on Revision of By-Laws, consisting of Parkinson and Hall, is to stand for the ensuing year. In keeping with Rixford's letter relative to the appointment of a local medical historian, the board appointed Parkinson.

Communications were read from the Commissioner of Corporations of the unreliability of the Guanajuato Mother Lode Silver Gold Corporation; from the Committee of Whiskerino's and Whiskerette's announcing a festival on January 27, the proceeds of which are to be used for the Boys' Dormitory of the Sacramento Orphanage; from Emmett Rixford, outlining the work to

be done by the Committee on the History of Medicine of the California Medical Association; from the Metropolitan Life Insurance Company, offering instructive graphic films; from the City Directory, offering space in their new book; and, from Colonel E. L. Munson, thanking the Society for its splendid patriotic response. A summary showed forty-four willing to join the M. O. R. C. plus five additional ones already officers of the M. O. R. C. or National Guard.

Under New Business, the Metropolitan Films were referred to the Program Committee. It was unanimously voted to reject the offer of the City Directory to insert the names of the members of the local Society. Gundrum urged the co-operation of all doctors with the plan outlined by the School Physician for development in Physical Education.

The meeting adjourned to a half hour at the banquet table.

Those present included Gundrum, Soutar, Brown, Christman, Hale, Mullin, Grazer, Yates, Azevedo, W. Briggs, Snyder, Dillon, Wilder, Nahl, Fay, Ohannesson, McKee, Simmons, Brendel, Topping, Haworth, Beach, Titus, Drysdale, Reynolds, Norris, Jones, McKinnon, Harris, Scribner, G. J. Hall, Schoff, Thomas, Turner, Zimmerman, Stolle, Scatena, Bittner, Stern, Cress, Klick, Babcock and Reardan.

✱

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eyttinge, M. D., secretary-treasurer)—Meeting of the San Bernardino County Medical Society held at the County Hospital at 8 p. m., February 2.

Owing to the absence of the secretary, A. T. Gage served pro tem.

Owing to the rain there was a small attendance. About nineteen of our own members and fifteen guests being present. Program of the evening is appended.

1. The Mexican as a Medical Problem, by F. H. Pritchard. Discussion opened by Walter Pritchard.
2. The Treatment of Tuberculosis, by F. M. Pottenger. Discussion opened by C. L. Curtiss.

The following ten men were asked to come prepared to take a special part in the discussion:

V. C. Charleston, Needles; George W. Clark, San Bernardino; W. C. Clough, Loma Linda; C. L. Curtiss, Redlands; C. R. Campbell, San Bernardino; Lenore D. Campbell, San Bernardino; K. L. Dole, Redlands; A. N. Donaldson, Loma Linda; J. H. Evans, Highlands, and H. R. Evans, Trona.

Attention is called to the annual dues. Only forty-two members have paid, leaving fifty-two yet to settle. You are going to pay anyway, why not save the secretary and yourself trouble by mailing your check immediately.

Accompanying this notice is the revised Constitution and By-Laws with the Fee Bill. Errors or omissions should be reported to the secretary.

At the request of the California Association of Medical Milk Commissions, the president has appointed the following three men to serve as a County Milk Commission: C. F. Whitmer, Colton; K. L. Dole, Redlands; C. C. Owen, San Bernardino.

Meeting of the Board of Councilors of December 30: A. N. Donaldson, C. L. Curtiss, C. R. Campbell, K. L. Dole, C. P. Engel, Pritchard, F. F. Abbott present.

Discussion of the methods of Public Education.

Moved (Dole) seconded (Curtiss) that the County Society print in the various newspapers articles under the caption "Timely Medical Talks," these to be signed by the County Medical Society. Carried.

Motion by Curtiss that the County Society print in the papers a directory of the local physicians belonging to the Society. Carried.

Moved that the society buy as many County Emblems as can be disposed of among members.

Discussion of separation of names of regular physicians from the irregulars in telephone and city directories. Dr. Pritchard appointed by chair to investigate.

Engel introduces consideration of problem of patients going to County Hospital without having been seen by any local physician. No action. Adjourned.

Attention is again called to the question of "The History of California in Medicine." The letter from Doctor

Pollock should receive attention from the men qualified to help in this work.

✱

SAN DIEGO COUNTY

San Diego County Medical Notes (reported by Robert Pollock)—A special dinner meeting was held at the Golden Lion Inn on February 9, drawing an attendance of over a hundred physicians. The guest of the evening was Dr. William C. MacCarthy, head of the Department of Pathology at the Mayo Clinic, Rochester. Dr. MacCarthy is an easy and forceful speaker and presented his subject of Gastric Ulcer and Carcinoma, which he illustrated by lantern slides, in a way to impress his hearers and will leave them with a clear vision of the salient points brought out.

Dr. William McK. Marriott, Professor of Pediatrics of Washington University, St. Louis, was the guest of the Scripps Metabolic Clinic for a few days early in February. On Saturday, February 6, at the close of a social dinner hour at the Casa de Manana, La Jolla, he entertained the Southern California Pediatric Society with an extremely interesting talk on feeding in infancy and childhood. This drew several score of enthusiastic pediatricians from various parts of the state.

On Tuesday, February 9, the members of the San Diego County Medical Society were the guests of Directors J. C. Harper and Milton A. McRae of the Scripps Metabolic Clinic at the Casa de Manana, La Jolla, where a well served dinner prepared them for the excellent address which was to follow. Professor Marriott presented to this audience a comprehensive outline of nephritis as it applies to children, discussing in minute detail the etiology, symptomatology, course and treatment of parenchymatous or tubular nephritis and glomerular or hemorrhagic nephritis. The doctor brought out quite strongly the points in differential diagnosis most requisite to a perfect understanding of the condition to be dealt with. He described in detail the blood and other tissue changes in each type and the basic principles of diet demanded by each. His talk was listened to with the keenest appreciative interest on the part of his large audience, which enthusiastically applauded his closure. We understand that it is the plan of the Scripps Metabolic Clinic to present to the San Diego medical public from time to time outstanding men in metabolic research who can be induced to visit the coast.

✱

SAN JOAQUIN COUNTY

San Joaquin County Medical Society (reported by Fred J. Conzelmann, secretary)—The stated meeting of the San Joaquin County Medical Society was held Thursday, February 4, 1926, at the Headquarters of the Local Health Center, 129 South American Street, President H. S. Chapman presiding.

Forty were in attendance. Those present were: Drs. E. A. Arthur, N. P. Barbour, J. W. Barnes, E. L. Blackmun, J. T. Blinn, C. A. Broadus, H. S. Chapman, F. J. Conzelmann, J. V. Craviotto, J. F. Doughty, L. Dozier, C. F. English, F. T. Foard, M. Goodman, E. C. Griner, L. M. Haight, S. Hanson, J. P. Hull, L. R. Johnson, S. E. Latta, Grace McCoskey, R. T. McGurk, A. H. McLeish, F. G. Maggs, S. S. Marnell, J. E. Oliver, B. J. Powell, H. E. Price, G. H. Sanderson, J. J. Sippy, M. Smyth, H. Smythe, L. E. Tretheway, J. J. Tully, G. J. J. Vischi, B. F. Walker, N. E. Williamson and Dr. Samuel H. Hurwitz, of San Francisco, speaker of the evening, and Dr. Winfred Beithan and Dr. G. E. Christesen, Public Health Officer of Payson, Utah, as guests.

The minutes of the previous meeting were read and approved.

The chair called for the report of the Board of Directors on Professional Publicity. The secretary then read the following recommendation of the Board of Directors: "That the Board of Directors recommend to the secretary that Mr. L. W. Drury of the 'Stockton Record' be granted permission to canvass the members of the Society, with the view of obtaining not less than 25 members to subscribe \$3.40 a month for the period of 12 months that the publicity appears in the 'Record.' The motion of Dr. Craviotto, that the report of the Board of Directors be adopted, was seconded and carried.

The chairman introduced the speaker of the evening,

Dr. Samuel H. Hurwitz, of San Francisco, who spoke on the subject "High Blood Pressure and Diet." The doctor stated that regulation of diet is important in the management of patients with high blood pressure. Proteins, or the purins derived from them, have lost some of the terror, and salt free diets have been changed to restricting the salt intake. It is important to recognize spontaneous variability in blood pressure, which is brought about by changes in the emotional state of the patient, and may vary from day to day, hour to hour, and minute to minute, before one can determine the success of therapy, dietetic or otherwise. Psychic causes may bring about a constriction of the blood vessels, and result in rapid changes in blood pressure. Physical and mental rest, together with good habits of eating and drinking, exercise, recreation, work, hobbies and the like, will reduce blood pressure. Effect of diet on hypertension, to be conclusive, must be carried out by eliminating the psychic element as far as possible. Essential hypertension occurs without arterial disease or lesions of the cardio-vascular or renal system. The hypertension of the menopause, and in diabetics, are examples of this. Cardio-renal complications may follow hypertension, but that is no reason that the primary cause for high blood pressure lies in the organs secondarily involved. In the dietetic management, with the object of lowering blood pressure, the nephritic and arteriosclerotic patients must be separated from the patient with essential hypertension. The speaker considered briefly the effect of proteins, carbohydrates and sodium chloride upon blood pressure, and also a diet of low total caloric value for the reduction of body weight. Protein intake should be reduced, but not abandoned. There are no absolute indications that proteins or purins derived from proteins have anything to do with the production of an increased blood pressure. It has been shown that 75 grams of protein a day are sufficient for a person of average weight. A reckless use of proteins in high blood pressure patients is no more justifiable than a reckless reduction of the protein ration. Better err on the side of sufficient protein than to risk insufficiency. Carbohydrates do not apparently change the blood pressure in any way, but the liability of diabetic patients to develop hypertension which has a tendency to lead to nephritic conditions must be kept in mind. It has been observed that excessive starch intakes, directly or indirectly, cause a rise in arterial tension, and in which reductions of the starches lead to lowering of the blood pressure. It is wrong to reduce proteins and increase the starches and produce over-weight. Allen observed that a rigid salt-free diet will bring about reduced blood pressure, relieve subjective symptoms, diminish danger of apoplexy, and check the progress of the condition, but other investigators reached the conclusion that the level of sodium chloride in the blood bears no relation to blood pressure, and that the ingestion of 10 grams of salt does not raise the blood pressure of patients with hypertension. Any patient with prolonged high blood pressure must be looked upon as a potential nephritic, and it is well to take a middle course, both with regard to proteins and salt. Diets with 2 and 3 grams of salt in the 24 hours has yielded good results in alleviating the characteristic morning headache so common in this condition, but it did not reduce the blood pressure. Hypertension and overweight in women at the menopause is probably due to endocrine disturbances. But the greatest group of hypertension is found in patients who eat much and exercise little. Where overweight is the chief impairment, the dietetic treatment is the most effective. Its therapy should be a gradual reduction with diet and exercise. Reduce without diminishing vitality and efficiency. A satisfactory diet for patients with hypertension should be simple, well balanced, no more protein than the actual needs of the patient—about one gram of protein per kilogram of body weight—the diet should be of sufficient caloric value for the energy requirements; it should be easily digestible, suitable to the powers of mastication of the individual, and free from meat extractives, condiments and salt.

The subject gave rise to a lively discussion, in which the following members took part: Barnes, Powell, Arthur, Williamson, Latta, Dozier, Barbour and McGurk. All agreed that every patient was an individual problem, and had to be individually studied to obtain best results.

The general trend of the physicians who discussed the subject was to the effect that the co-operation of the patient should be secured, and that he should be instructed that moderation must be his watchword in all things pertaining to his health. Dr. Hurwitz, in closing, stated that the problem was not a clean-cut affair, and that the ultimate solution of the problem was with the general practitioner. There is no specific remedy; psycho-therapy is important, when coupled with a judicious combination of warm baths, rest, massage, and a corrected diet. Drugs are helpful where there is a definite indication for them. Moderation in treatment is also a splendid word for the doctor.

✽

SAN LUIS OBISPO COUNTY

San Luis Obispo County Medical Society (reported by G. David Kelker, M. D., secretary)—The monthly meeting of the San Luis Obispo County Medical Society was held on January 16, 1926, at San Luis Obispo. As is the usual custom the meeting was preceded by a dinner at the Hotel Andrews. There were nine members present and an equal number absent.

The meeting was given over chiefly to a discussion of the proposed change in the constitution and by-laws and as to the best methods to be employed in our relationships with the eligible M. D.'s in our county who are not members of our society. A committee composed of Drs. Fossum, Long and Kelker was appointed to either write or interview the eligible physicians in this county who are not members of our society and endeavor to secure their applications for membership.

The election of officers for 1926 resulted in the selection of the following: President, N. J. Shields, San Luis Obispo; vice-president, A. H. Wilmar, Paso Robles; secretary-treasurer, G. D. Kelker, Paso Robles.

The election of a delegate and an alternate to the 1926 convention of the California Medical Association resulted as follows: Delegate, G. L. Sobey, Paso Robles; alternate, T. S. Long, San Luis Obispo.

Doctors Sobey and Wilmar of Paso Robles have both recovered from the injuries they recently received in an automobile accident which might easily have proven very serious.

Dr. C. E. Fisher of King City, California, has located in Paso Robles, occupying the offices of the late Doctor Dresser, and opening a hospital to be known as the Paso Robles Hospital.

Dr. John E. Miller of Osterburg, Pennsylvania, is now located in San Luis Obispo, having taken over the practice of his brother, the late Byron Y. Miller, M. D.

✽

SANTA BARBARA COUNTY

Santa Barbara County Medical Society (reported by Alex. C. Soper, Jr., secretary).—The regular meeting on February 9, 1926, was called to order by President Hotchkiss in the chair; present twenty-four members and two guests. Correspondence was read from the N. Y. Polyclinic regarding postgraduate courses, and from Victor G. Vecki, M. D. Report was made of the showing of two films loaned by the Metropolitan Life Insurance Company of San Francisco, at a local playhouse, and showing the value of annual physical examinations and the value of vaccination against smallpox.

The censors of 1925, Drs. Profant, Stevens, and Allen Williams were reappointed. Drs. Henderson and Ullmann were appointed as a program committee. It was decided to invite Dr. Vecki to address the Society on April 12th at our regular meeting.

A unanimous vote set the annual dues at twelve dollars, the same as last year.

W. D. Samson gave an extremely interesting resume of the recent work in "the use of high carbohydrate diets in diabetes mellitus," and Henry J. Ullmann showed interesting X-ray photographs of cavities injected with Lipiodol, especially clear in the negatives. Hotchkiss, Ullmann, Schurmeier, Rex Brown, Gray, and Means discussed Sansum's talk, and Robinson, Lewis, Hotchkiss, and Rex Brown, the Lipiodol subject.

CHANGES IN MEMBERSHIP

New Members—Carlyle H. Pearce, Colfax; Mildred E. Thoren, D. H. Pettingell, Weimar; Samuel E. Ballard, George Berger, Francis E. Browne, Elizabeth Mason Hohl, Norman J. Kilborne, St. Claire R. Lindsley, Los Angeles; J. Barnard Nelson, Long Beach; L. H. Robison, Edward H. Anthony, Los Angeles; Carl R. Bishop, Long Beach; Alexander C. Cameron, Los Angeles; Finis G. Cooper, Huntington Park; Russell M. Farnham, Glendale; Karl Fischel, George B. Greenbaum, Edgar B. Spear, William Taylor Webber, Los Angeles; Axel W. Gustafson, Gustine; Earl H. Coleman, Gilbert A. Kelley, Fresno; Guy L. Edie (Associate), John H. Dorn, Marion H. Lippman, Felix L. Pearl, San Francisco; John Joseph Gomes, Kathryn Reuter, Swarts, Henry Wahle, Wm. J. Dailey, W. H. C. Hatteroth, H. J. Temple, R. B. Armitstead, Oakland; Leopold H. Fraser, Richmond; Harold P. Totten, Los Angeles; Harry L. Jenkins, Allan R. Watson, G. F. Norman, Eureka; O. B. Barron, Ferndale; James A. Mattison (Honorary), Soldiers' Home; John V. Greene, Joseph E. Pearis, S. J. McCleendon, San Diego; Edmund Frost, Stockton; Loren R. Chandler, Harold E. Fraser, Harry L. Gardner, San Francisco.

Transferred—Geo. H. Sanderson, from Sacramento county to San Joaquin county; Chas. H. Lowell, from Los Angeles county to Monterey county.

Resigned—R. H. Kuhns, from San Francisco county, now Chicago, Illinois; George H. Richardson, W. T. Davidson, San Francisco.

Deaths—Du Pre, Barton Greene. Died at Los Angeles, February, 1926, age 36. Graduate of the Western Reserve University School of Medicine, Cleveland, 1916, and licensed in California in 1923. Doctor Du Pre was a member of the Los Angeles County Medical Society, the California Medical Association and the American Medical Association.

Loughridge, James. Died at Folsom, January 28, 1926, age 59. Graduate of the University Medical College of Kansas City, 1899. Licensed in California in 1913. Doctor Loughridge was an affiliate member of the Sacramento Society for Medical Improvement, the California Medical Association and the American Medical Association.

JOHN W. CLINE

1860-1925

John W. Cline, 65, prominent Santa Rosa physician, died at his home December 24, 1925. His death was caused by nephritis and myocardial insufficiency. He was born in Defiance, Ohio, August 10, 1860. He graduated from the College of Physicians and Surgeons, Iowa, in 1881 and from Bellevue Hospital Medical College, New York, in 1894.

Of the forty-five years of active practice Doctor Cline practiced forty-three years in California, residing thirty-one years in Santa Rosa. He had served as president of the Sonoma County Medical Society in which he had always taken an active interest.

His kindness of heart won him the love and sincere gratitude of his patients. Doctor Cline was a man of high ideals and conscientious in the performance of duty.

HENRY ELLIS SANDERSON

1858-1926

Henry Ellis Sanderson, a physician at the State Hospital for more than 30 years, died at Stockton, February 8, 1926, at the age of 68. Doctor Sanderson graduated from the University of California with the class of 1879, and from Cooper Medical College in 1885. He spent two years as an interne at Mt. Sinai Hospital, later going to Heidelberg, Germany, for a post graduate course and then to Vienna for further study. In 1891 he returned to California and became a professor in Cooper Medical College.

Doctor Sanderson was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.